

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 17, 1999 8:00am
Secretary of State


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02-17-1999 90078 011 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G86199**
1. Corporation Name
TRAIL AUTOMOTIVE EQUIPMENT CORP.

Principal Place of Business: 5851 S.W. 85TH ST. SOUTH MIAMI FL 33143
Mailing Address: 5851 S.W. 85TH ST. SOUTH MIAMI FL 33143

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3. Date Incorporated or Qualified: **02/24/1984**

4. FEI Number: **59-2394482**

5. Certificate of Status Desired: Applied For, Not Applicable. Fee: **\$8.75** Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution: . Fee: **\$5.00** May Be Added to Fees.

8. This corporation owes the current year Intangible Personal Property Tax: Yes, No.

9. Name and Address of Current Registered Agent

**ARCH, YVONNE I.
5851 S.W. 85TH STREET
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL**, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARCH, TED S.	
STREET ADDRESS	5851 S.W. 85TH ST.	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ARCH, YVONNE I.	
STREET ADDRESS	5851 S.W. 85TH ST.	
CITY-ST-ZIP	S. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ted S. Arch DATE: 2/20/99 DAYTIME PHONE #: 305 245 4065

CR2E034 (1/98)